

VILLAGE OF RICHFIELD

4128 HUBERTUS RD, HUBERTUS, WI 53033 262-628-2260

APPLICATION FOR OPERATORS LICENSE

LICENSE PERIOD – JULY 1 THROUGH JUNE 30, OF THE FOLLOWING YEAR \$50 FEE

*** A *FALSE* or *INCOMPLETE* answer or statement in this application may result in denial or revocation of the license***

Please Print			
NAME OF APPLICANT:			
LA LIONE ADDRESS			MI
HOME ADDRESS:	STATE: ZIP: HOME PHONE:		
SEY. M. E. DACE.	BIRTHPLACE: SSN: HEIGHT:'" WEIGHT:lbs. HAIR:		
	STATE: VEHICLE LICENSE PLATE #:		
DL #	STATE VEHICLE LICENSE FLATE #	SIAIE	
Where will you be working? _			
Have you completed the RESI	PONSIBLE BEVERAGE SERVICE CLASS within the last 2 years? YES	NO Attac	h a copy
Held a VALID operator licens	se in the State of Wisconsin within the last 2 years? YES	NO	
•	: and License No:		h a copy
- 17 yes, marcare manierpanty.	and Decrise No.	1114001	
Have you ever been CONVIC	CTED of committing any crimes (felony or misdemeanor - including traffic		
-	cated, eluding, operating while revoked, etc),	YES	NO
ermies, operating winte intoxio	cated, clading, operating while revoked, etc),	1123	NO
Have you ever been CONVIC	YES	NO	
Have you ever been CONVIC			
beverages (ie: procure/sell/dis	YES	NO	
If you answered YES to any o	of the above questions, please complete the information below.		
-	eparately. If additional space is needed, use the back of the form.		
Zist unij une un convictions se	paramety) 12 additional opines is needed, also use out of the form		
Date	Offense Muni	Municipality	
Are you currently on probation		YES	NO
If yes, for what offense?			
Are you currently on bond res		YES	NO
If yes, in what county?			
D 1 DELETE			
•	criminal cases against you for violating ANY State Law or Local Ordinances?	T MO	NO
	you were cited or arrested for, that has not been resolved.	YES	NO
OFFENSE:			
NI CI . E.C A	gency:		

WAIVER AND CONSENT

I hereby certify that the answers on the above application are complete, true and correct to the best of my knowledge and belief. I am
eighteen years of age or older. I agree in the consideration of the granting of this license, for the term ending JUNE 30, 20, to
comply with the laws of the State of Wisconsin, the Ordinances of Washington County, and all the provisions of the Municipal Code
of Ordinances of the Village of Richfield.
I, by the signing of this application, consent to the full investigation of my background by law enforcement officials and also consent
to the use and disclosure by the Village of Richfield, it's elected officials, it's employees and it's agents of any and all information
obtained in said investigation relative to my fitness to be a licensed operator in the Village of Richfield.

I hereby waive all rights to privacy or privilege that I may have in the use of the material and information obtained from said investigation. Further, I do hereby release and hold harmless, and agree to release and hold harmless the Village of Richfield, it's elected officials, it's employees and it's agents from any and all manner of action or cause of action, judgments, executions, debts, claims and demands which I may have or my heirs or assigns may have regarding the investigation of my background an use of said material and information obtained from said investigation.

material and information obtained	from said investigation.		
APPLICANT'S SIGNATURE:		DATE:	